

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08974584

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10	/					
11	/					
12	/					
13		3				
14		3				
15		3				
16	/					
17	/					
18	/					
19		6				
20		6				
21	/					
22		6				
23		6				
24		6				
25		6				
26		6				
27	/					
28		6				
29		6				
30		6				
31		6				
32		6				
33	/					
34	/					
35		6				
36	/					
37	/					
38	/					
39		3				
40		3				
41	/					
42	/					
43	/					
44	/					
45	/					
46		6				
47		6				
48		6				
49		6				
50		6				
TOTAL IND.	21					
TOTAL DEP.	150					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3	/			
52		6				
53		6		11		
54		6		1		
55		6				
56	/					
57		1				
58	/					
59	/					
60	/					
61		6				
62		6				
63		6				
64		6				
65		8				
66		8				
67	/					
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74	/					
75		1				
76		1				
77		1				
78		1				
79		1				
80		3				
81		3				
82		3				
83	/					
84		1				
85		1				
86	/					
87		1				
88		1				
89		4				
90		4				
91		4				
92	/					
93	/					
94	/					
95	/					
96	/					
97	/					
98	/					
99	/					
100	/					
TOTAL IND.	17		2			
TOTAL DEP.	92		12			
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS